

W Q  
165  
M678m  
1948

MISSISSIPPI STATE BOARD OF HEALTH  
MANUAL FOR MIDWIVES

WQ 165 M678m 1948

47930260R



NLM 05246717 8

NATIONAL LIBRARY OF MEDICINE



PROPERTY OF THE  
NATIONAL  
LIBRARY OF  
MEDICINE









# MANUAL *for* MIDWIVES



---

FELIX J. UNDERWOOD, M. D.  
Executive Officer

MISSISSIPPI STATE BOARD OF HEALTH

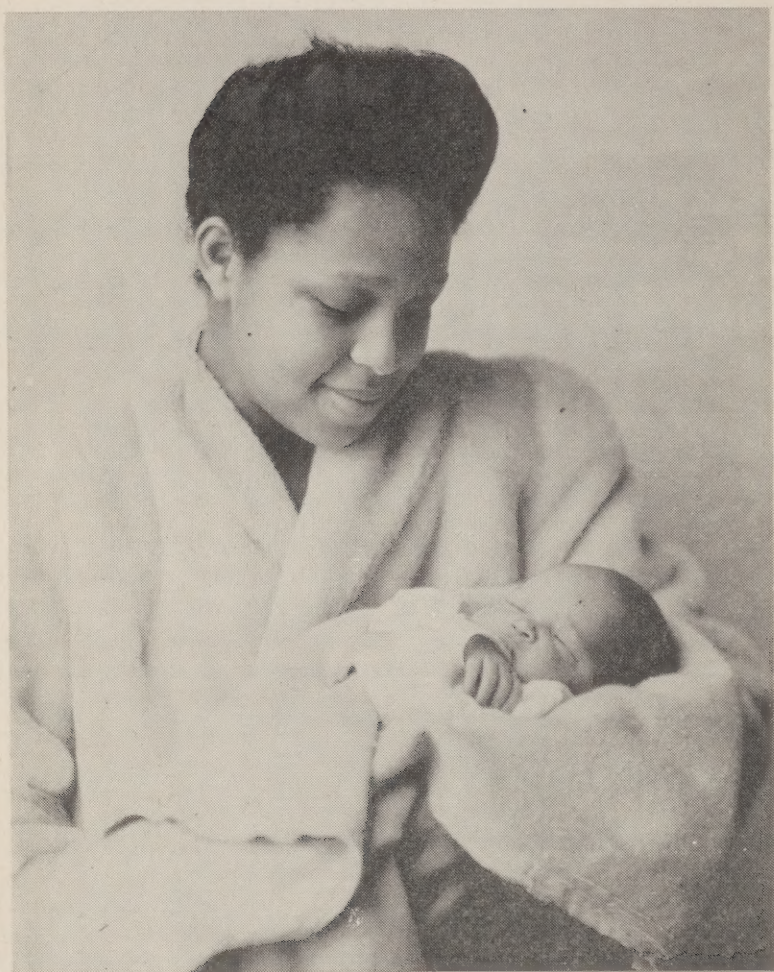
[1349]

WQ  
16.5  
ML 78m  
1948  
c.1



## TABLE OF CONTENTS

|   | Page  |
|---|-------|
| Preface .....   | 3     |
| Introduction .....  | 4     |
| Chapter I—Qualifications, Permit and Retirement Badge.....        | 5     |
| Chapter II—Supervision of Midwives .....                          | 10    |
| Chapter III—Midwife Clubs .....                                   | 15    |
| Chapter IV—Equipment and Supplies .....                           | 17    |
| Chapter V—<br>Things the Midwife Should Know About Pregnancy..... | 23    |
| Chapter VI—Midwife Instruction to Expectant Mother.....           | 27    |
| Chapter VII—Delivery Supplies .....                               | 29    |
| Chapter VIII—The Delivery Room .....                              | 32    |
| Chapter IX—Procedure at the Time of Delivery.....                 | 34    |
| Chapter X—Care of the Baby .....                                  | 43    |
| Chapter XI—Care of the Mother .....                               | 47    |
| Chapter XII—Reporting the Birth .....                             | 51    |
| Midwife Songs .....   | 54-55 |
| Midwife Prayer .....  | 56    |







Traveling To the Midwife Meeting

## PREFACE

This MANUAL FOR MIDWIVES is intended as a guide to midwives in the state. It is to be supplemented by actual demonstrations given by the public health nurse to the individual midwife and to groups of midwives.

AIMS of the manual and additional instructions are:

To make the midwives better workers

To explain what the state requires of the midwife

To teach what the midwife should do and should not do

To stress the value of the midwife's keeping in touch with the county health officer, physicians, public health nurses, and local registrars.

To prevent blindness in the newborn

To bring about complete birth registration

To promote better individual and community health

Appreciation is hereby expressed to county health officers, physicians, registrars and public health nurses who aid in the work.

## INTRODUCTION

There have been midwives since the beginning of history. In the earliest days an older woman of the community went with the childbearing mother to a place set aside for that purpose to do what she could to help.

There are stories, and a few records, of midwife care on Mississippi plantations during the time the state was being settled. The first law recorded about midwives in the state was in 1882. In 1906 a law was written giving them permission to practice.\*

A survey in 1921 showed 4,209 women practicing midwifery in Mississippi. Ninety percent of them could not read or write, and a great number were old and filled with superstitious ideas. They did not understand the meaning of cleanliness and almost never called a physician for abnormal cases.

As time went on and various needs became apparent, it was felt that for the protection of both the midwives and the mothers and babies they cared for, the midwives needed more training and supervision. On April 14, 1921, the State Board of Health adopted a plan and regulations for improving midwifery in the state. It was decided that "... the State Supervisor of Midwifery and the county health officers should supervise and instruct the midwives of the state and use every possible means for maintaining the proper standards of midwifery..."\*\* Section 5 of the regulation states: "Following investigation and a satisfactory report to the State Board of Health, a Permit to Practice will be issued."

The plan provided for a public health nurse to go to areas where the groups were largest and the need greatest, to hold study courses for the midwives. An outline which dealt with the fundamentals of midwifery was drawn up. If there was county nursing service the work was incorporated into the general nursing program; if there was no nursing service aid was given from the state office. Clubs were organized to promote interest and instruction. Club leaders were sent simple, specific directions to study in their meetings. The type of meetings gradually changed from a disorderly group of women in dirty clothing with little interest or attention, to a well-organized, eager, clean group with approved equipment and improved understanding of their work. Each year our midwives are more nearly approaching the French meaning of the word midwife—Wise Woman.

\*Hemingway's Code of 1906, Paragraph 3690

\*\*Minutes, meeting of the State Board of Health, April 14, 1921



## CHAPTER I

### QUALIFICATIONS, PERMIT AND RETIREMENT BADGE

#### Definition

A midwife is any woman who makes a practice of attending women during childbirth.

#### Qualifications the Midwife Must Have

A midwife is an important person in her community. A midwife who helps to bring healthy babies into the world and helps to keep the mothers well and able to care for their babies in the right way, is doing a service for her country and her people. A safe midwife must:

- Be able to read and write
- Be of good character and intelligence
- Be able to do the work expected of a midwife
- Be willing to follow instructions
- Be clean in person, home and equipment
- Have good health; be able to see and hear well
- Have recognition in her community

#### How to Become a Midwife

- Apply to the county health department for permission to practice
- Be recommended by a physician in the community
- Have a physical examination with a chest X-ray, blood test and check of vision
- Take immunizations recommended by the county health department
- Study the *Manual for Midwives* and know what it teaches
- Attend midwife meetings, classes and study courses required by the health department
- Attend deliveries—at least three—with physicians and other midwives
- Prepare complete equipment as directed in the *Manual for Midwives*
- Get a permit to practice
- Set up a model delivery room for the public health nurse to inspect



Midwives Set Up Model Delivery Room

### **How to Keep a Midwife Permit and Stay in Good Standing**

Be under supervision of the health department

Attend classes and meetings as directed

Have a health examination with a blood test, chest X-ray  
and check of vision as required by the health department

Have permit renewed each year

Have everything in midwife bag when called on a case

Keep bag equipped and clean

Cooperate with the public health nurse

Set up model delivery room once each year; send a report  
to the county public health nurse who will send it to the  
Director of Public Health Nursing. (If there is not a  
public health nurse in the county, send the report to the  
Director of Public Health Nursing, Mississippi State  
Board of Health, Jackson, Mississippi.)





Retirement Badge



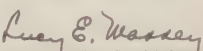
### How to Get a Retirement Badge

A good midwife who has served her community faithfully is given a retirement badge when she is no longer able, or no longer wants to practice. She then becomes a *Mary D. Osborne Retired Midwife*. The badge is given when :

A midwife realizes she is no longer able to work because of her age or health

A physician's examination shows she should not care for mothers and babies

When she retires she turns in her permit to practice and the county health department gets her retirement badge from the State Board of Health.

| <b>MISSISSIPPI STATE BOARD OF HEALTH</b><br><b>MIDWIFE PERMIT</b>   |  |
|---|--|
| County <u>HANCOCK</u>   | Number <u>1</u>  |
| Issued to women who desire to practice midwifery, and who have been investigated and approved by the State Supervisor of Midwives and the County Health Officer.  |  |
| THIS IS TO CERTIFY THAT <u>FREDDIE SPEED</u>  |  |
| residing at <u>BAY ST. LOUIS, MISSISSIPPI</u>   |  |
| is hereby given a permit to practice midwifery in Mississippi provided she obeys the laws governing this practice and observes the rules and regulations of the State Board of Health as pertains to the practice of midwifery. Permits not renewed yearly are invalid. |  |
|    | <div style="text-align: right;"> <br/>           Felix J. Underwood M.D.<br/>           Executive Officer.         </div> <div style="text-align: right; margin-top: 20px;"> <br/>           Lucy E. Massey<br/>           Director, Public Health Nursing         </div> <div style="text-align: right; margin-top: 10px;">           C. M. SHIPP, M. D.<br/>           County Health Officer.         </div> |
| Date <u>PERMIT FOR 1949</u>   |  |

Midwife Permit

### A Good Midwife

Is clean in person, home and equipment  
 Has standard equipment kept in good order  
 Keeps her bag hung on the wall protected from dust and ready for use

Calls a physician in difficult or abnormal cases  
 Sends certificate of birth to the registrar within 5 days  
 Attends meetings and classes; is able and willing to learn  
 Has a medical examination as required by the local health department; takes treatment if needed  
 Sends in change of address when she moves

Writes the number of permit and postoffice address on all reports and letters

SENDS IN A LIST OF EXPECTANT MOTHERS TO THE COUNTY PUBLIC HEALTH NURSE EACH MONTH

Helps the public health nurse and physician in conference and clinic

Teaches her patients and all other women to go to a private physician or to the health center early in pregnancy for examination and to see the public health nurse each month



Teaches her patients and all other women to go to a private physician or the health center six weeks after delivery for examination of herself and baby

Teaches her patients to follow the advice of physicians and public health nurses regarding immunization and general care of the baby

Reports to the county health officer or nurse any person practicing midwifery without a permit

Is a good leader and teacher in her community



Nurse Immunizing Baby at Nursing Conference



Nurse Teaching a Group of Mothers at a Community Center

## CHAPTER II

### SUPERVISION OF MIDWIVES

#### Physical Examination

Each midwife is to have a physical examination including a blood test and chest X-ray as required by the health department; she is to take such immunizations as the health department directs. No person suffering from a contagious disease such as tuberculosis, acute venereal disease or any other catching disease may practice midwifery. Any midwife who cannot see well should be examined by an eye specialist and the defect corrected.





Midwife on Way to Midwife Meeting

### **Supervision and Instruction**

The supervision of midwives shall be under the State Board of Health. Work with the midwives in the various counties shall be carried on by the cooperation of the State Board of Health with the county health officers, physicians, registrars, public health nurses and others interested in the work.

Midwives shall, upon receiving notification, attend county meetings for instruction and yearly renewal of permit. They shall attend without notification, local midwife club meetings on the regular day of the month chosen for such meetings. Any midwife failing to attend meetings regularly may have her permit suspended at the discretion of the health officer. A report of the meeting is sent to the county public health nurse, who sends it to the Director of Public Health Nursing, State Board of Health.



County Midwife Meeting

A record should be filled out by the nurse when she makes her initial contact with the midwife. Other information obtained by the nurse should be written on the record under the proper headings. A record for each individual midwife shall be on file in the office of the Director of Public Health Nursing, State Board of Health and in the county health department.

Public health nurses will teach midwives in groups, by demonstrations in the homes of the midwives and their prospective patients, and at the health center or club meetings. They will give further instruction to individual midwives in their homes, the homes of their patients and at the health center.

Midwives are urged to seek counsel and help from the public health nurse and to report the names of their prospective mothers to the nurse so that the mother may have an examination including an examination of urine and blood, and further instruction as to the care of herself and baby.

The purpose of the instruction given by the public health nurse is to bring about good care of the mother; to help the baby to be well born; and to teach the mother how to care for herself and her baby.



Public Health Nurse Instructing Midwives

## Duties

### Midwife's duty to mother and baby—

#### Medical care:

Teach the mother to have medical examination *before* and *after* baby comes

#### Nursing supervision:

Report all cases to public health nurse  
Encourage patient to see nurse every month

#### Safe delivery:

See that everything about mother and baby is kept clean. Call a physician if anything unusual happens.

#### After care:

See lessons on "Care of Mother" and "Care of Baby."

#### Birth registration:

Send certificate to county registrar within 5 days after baby comes





Expectant Mother Examined with Midwife Present

**Midwife's duty to health department—**

- Attend meetings and classes
- Get new permit each year
- Report all cases engaged to public health nurse
- Teach patients to attend medical and nursing conferences
- Notify public health nurse immediately of births
- Register births promptly
- Assist in clinics, conferences and community work

**Midwife's duty to private physician—**

- Call promptly if needed
- Give careful account of patient's condition
- Help physician as he directs
- Give after-care to mother and baby

**Mother's duty to midwife—**

- Engage service early in pregnancy—at least 5 months before baby is due
- Report for medical care and nursing supervision
- Prepare supplies as taught by midwife
- Call midwife as soon as labor begins
- Follow midwife's teachings

### CHAPTER III

#### MIDWIFE CLUBS



Nurse Teaching Midwives at Monthly Club Meeting

#### Organization

The standard of midwifery in the state has been raised by means of the organization of midwife clubs. It is the duty of each midwife in the state to attend a midwife club meeting once a month, not only for her own sake, but for the sake of the mothers and babies she cares for. The number of clubs in a county depends upon the number of midwives and their location. Midwives are to wear white uniforms and specified caps, and bring their midwife bag to all meetings.

Each club shall have a leader and a secretary.

The duties of the leader shall be to—

Lead the meeting

Inspect bags

Keep and give out eye drops

Teach the midwife songs

Send to the county public health nurse a report of the

monthly meeting signed with the name of the leader and her postoffice address.

In counties where there is no public health nurse, the report is to be sent to the Director of Public Health Nursing, Mississippi State Board of Health, Jackson, Mississippi.

The duties of the secretary shall be to—

Call the roll

Mark in the book those present

Mark in the book those absent

Keep and read minutes of the meeting

Read a chapter in the manual and talk about it

Help write birth certificates

Write the report of the meeting

### Activities

Study *Manual for Midwives*

Plan with public health nurse for work in the community

Learn what new things to teach mothers

Inspect midwife bag and supplies



Monthly Club Meeting with Secretary Reading from Manual

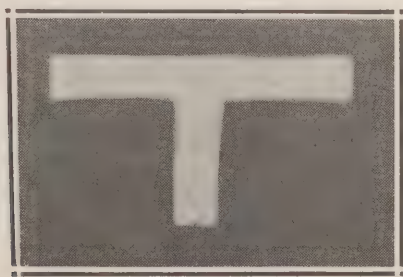


## CHAPTER IV

### EQUIPMENT AND SUPPLIES

#### Uniform

A plain white uniform and cap are to be worn to the club meetings and when assisting in clinics or conferences.



Pattern of Cap worn at Meetings—3 inches wide

CAP, MASK and GOWN are to be worn at time of delivery

The CAP is a square piece of domestic 27 inches by 27 inches.

The MASK is made of soft white cloth of two thicknesses, three inches by five inches, stitched around the edges. A piece of tape fifteen inches long is fastened at each corner.

The GOWN is made with short sleeves above the elbow, open in back and tied with tape.

## Bag

Outer leather or heavy fabric bag to keep equipment clean

Inner bag of white washable material

Cap, mask, gown

Two towels or cloths for drying hands

Wooden nail cleaner

Hand brush

Bottle of synol soap

Bottle of lysol

Blunt scissors

Silver nitrate, 1 percent in ampules

Sterile tape to tie cord

Sterile band and cord dressing

Sterile eye wipes

Funnel with rectal tube; small aluminum funnel, number  
22 catheter

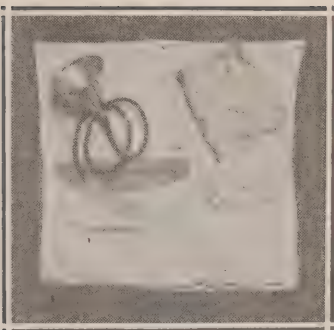
*Manual for Midwives*

Midwife permit pinned in last page of manual

Birth certificate book

NO INSTRUMENTS OTHER THAN THOSE LISTED  
ABOVE SHALL BE CARRIED OR USED BY THE MID-  
WIVES





Two Pockets on One Side of  
Inside of Bag



Five Pockets on Other  
Side of Inside of Bag



Equipment



Bag and Funnel Bag



Outer Bag

## Care of Equipment

INNER BAG: Wash, boil, starch, dry in the sun, and iron after each case. The midwife shall have a second INNER BAG at home in which to place equipment for the next case.

CAP, MASK, GOWN: Wash, boil, dry in the sun, iron; wrap together in a clean white cloth three-fourths of a yard square.

TOWELS: Wash, boil, dry in the sun, iron, wrap in a clean cloth, then in heavy brown paper and bake thirty minutes in a slow oven in which a pan of water has been placed. Remove *paper wrapping*.

HAND BRUSH, WOODEN NAIL CLEANER, SCISSORS: Boil ten minutes before using; after using, wash thoroughly with soap and water and boil ten minutes before returning to bag. Dry thoroughly to keep scissors free from rust.

FUNNEL AND RECTAL TUBE: Carry in a small washable bag, 7 inches x 12 inches, made with a draw string. After use, the funnel with the tube shall be cleaned with soap and water, rinsed well, dropped into the small bag and boiled for ten minutes. The funnel with tube still in bag, shall be hung up to dry and not removed from bag until used again.

CORD TAPE: Use flat silk tape wound on a spool. It can be bought at most drug stores in a glass bottle with cork top which is not to be removed, and screw cap. Remove only enough to use each time; replace screw cap after each use.

BAND, CORD DRESSINGS, EYE WIPES: Make from old soft white cloth. Thoroughly wash in soap and water, rinse well, dry in the sun, iron with a hot iron on a clean cloth. Wrap in a clean cloth, then in heavy brown paper and bake thirty minutes in a slow oven in which a pan of water has been placed. Remove *paper wrapping*.



Leader Inspecting Midwives Bags and Equipment



## EYE WIPES



2 Inches by 2 Inches—4 pieces.

1 piece 10 inches by 10 inches, for wrapping.

## HOW TO FOLD THE EYE WIPES



10 inches by  
10 inches



Eye Wipes  
In place

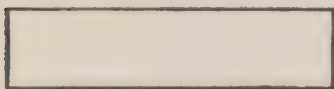


First Fold



Folded

## CORD DRESSINGS



5 Inches By 20 Inches  
Band



Dressing When Doubled  
4 Inches By 4 Inches

## HOW TO FOLD DRESSINGS



10 inches by  
10 inches



Dressing  
In Place



First Fold



Folded

2 pieces 4 inches by 8 inches, doubled, then cut half way down the middle.

1 piece 4 inches by 8 inches, doubled.

These 3 pieces make the cord dressing.

1 piece 5 inches by 20 inches, plain single piece, without seam or hem, for band.

1 piece 10 inches by 10 inches, for wrapping band and cord dressing.

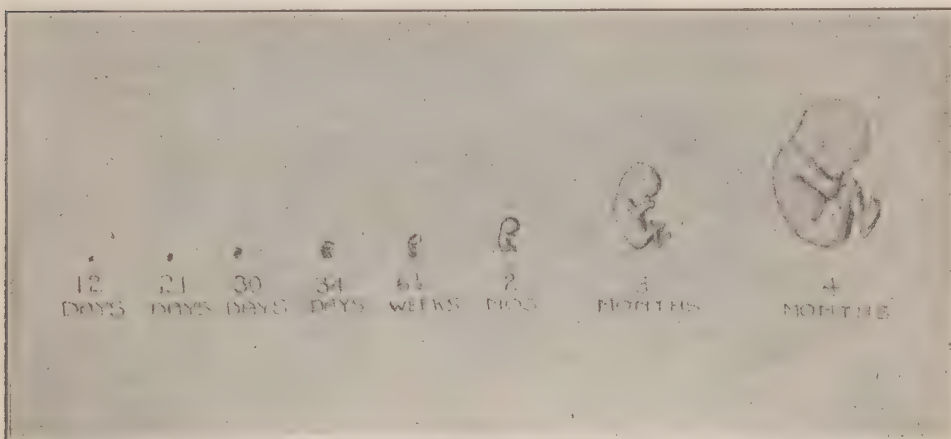
TWO PACKAGES OF CORD DRESSING AND TWO PACKAGES OF EYE WIPES SHALL BE IN THE MID-WIFE'S BAG AT ALL TIMES.

## CHAPTER V

### THINGS THE MIDWIFE SHOULD KNOW ABOUT PREGNANCY

Pregnancy is the length of time, 280 days or 10 moon months, from conception to delivery, during which time the baby grows in the womb of the mother. Conception takes place when the female egg is united with the male egg.

To find out the date the baby is expected, add seven days to the first day of the last monthly period and count back three months.



How the Baby Grows\* (almost 1/3 actual size)

\*Courtesy of Maternity Center Association, New York City.

#### Signs and Symptoms of Pregnancy

Monthly flow stops

Morning sickness in some women. If present usually stops after eight to twelve weeks.

Tenderness and enlargement of breasts usually noticed in the second month.

Darkening of nipples

Frequent passing of urine

Movement of the baby at four and one-half to five months.

This is called "quickening"

In the last month when the baby drops the stomach region is flatter, the waistline is lower, the navel bulges, and the mother breathes easier. This is called "lightening."



Female Organs of Reproduction  
 Courtesy of Denoyer-Geppert Company, Chicago, Illinois.



At the time a mother engages the midwife to care for her, the midwife shall note if the pregnant woman has any of the following signs, and if so, the midwife shall not engage to attend the case unless advised to do so by a physician. In case any of these signs appear after the midwife is engaged for the case, she shall seek the advice of a physician:

Continued or severe vomiting

Continued or severe headache

Constipation

Dizziness

Dimness of vision, spots before the eyes, or puffiness around the eyes

Swelling of face, hands, ankles or feet

No movement of the baby felt by mother in later months

Bleeding or staining in small amounts during pregnancy

Continued free vaginal discharge

Sores or warts on the genitals

Unnatural signs such as miscarriage

Scanty urine

Albumin in urine; (ask public health nurse for this information)

Fits or convulsions

The midwife shall not, unless advised by a physician to do so, accept as a patient a woman who is dwarfed, deformed or crippled, or one known to be suffering from any disease. These rules are for the protection of the midwife as well as the patient. Some county health departments require all women who engage midwives to have a medical examination before delivery.



Midwife Advising Pregnant Woman

## CHAPTER VI

### MIDWIFE INSTRUCTION TO EXPECTANT MOTHER

The midwife shall visit the home of the expectant mother to instruct her and to inspect her supplies. She shall advise the pregnant woman to:

Eat plain and simply cooked foods—

*Milk*: One quart a day. Drink it or use it in cooking, as in soups, custards, and creamed dishes. Three tablespoons of dried skimmed milk equal one glass of fresh skimmed milk.

*Vegetables*: Three servings each day. At least one should be leafy green or yellow vegetable such as collards, turnip greens, mustard, sweet potatoes, rutabaga. A raw vegetable such as cabbage, greens, or carrots should be eaten each day.

*Fruits*: Three servings each day. Two servings should be tomatoes, orange, grapefruit, melon, or other raw fruit.

*Eggs*: At least one every day.

*Lean meat, fish, chicken, dried beans or peas*: One large serving each day. Liver, kidneys, and heart are especially good.

*Whole grain or enriched cereals and bread*: Three or four servings a day. Whole grain foods such as oatmeal, cracked wheat cereals, cracked wheat bread and whole wheat bread, are particularly good.

*Butter or margarine*: A moderate amount. One to two tablespoons a day.

*Fish liver oils*: As recommended by the physician or county health officer.

*Fluids*: Several glasses of water a day in addition to milk, soup, tea, coffee and fruit juice.

Choose simple foods; do not eat much sweets, fats, or starchy foods such as pies, candy, macaroni, rice, salt pork, fat back, salad dressing, or fried foods. Ask the physician about your weight.



**Keep the bowels and kidneys active**

Take a daily bath; take a sponge bath after the seventh month

Give extra care to the teeth; be examined by a dentist and have corrections if needed.

Wear comfortable clothing; no tight bands, corsets, garters, high heels or tight shoes.

Take light exercise but do no heavy lifting

Take a nap or rest period during the day

Have fresh air day and night

Take no medicine or treatment unless advised by a physician

Have urine examined regularly

Not worry over condition

Prepare supplies early for mother and baby

Select name for the baby before time for the baby to come

Go to a physician or to the health center for a physical examination during early pregnancy. The life of the baby begins 10 moon months before it is born. If the mother is given good care during this time, the baby is having good care.

Attend nursing conferences for instruction. The midwife shall send the name and address of the pregnant woman to the public health nurse who may visit in the home and give further instructions.

Let the midwife know the date of "quickenings"

Let the midwife know when the baby drops; to send for her at the first signs of labor; and to notify the county health department when the baby is born.

Breast feed her baby. The midwife should teach all through the woman's pregnancy that:

Breast milk is clean and free from germs and dirt if the nipples are kept clean

Breast milk is usually more nourishing, never sour

Breast milk helps make strong, healthy babies

Breast milk is the most nearly perfect food for most babies

Breast milk is nature's method

Breast fed babies are usually the best fed babies

## CHAPTER VII

### DELIVERY SUPPLIES

In addition to the midwife equipment the following articles are needed, and the midwife shall teach the prospective mother how to prepare and have in readiness the necessary supplies:

#### For the Mother

Sheets

Pillow cases

Towels

Night gowns

Clean white rags; washed, boiled, ironed and wrapped in a clean cloth or pillow case

Pads, sterilized at home in same manner as cord dressings or boxed pads bought at a store

Newspaper pads; at least three

Two basins

Quart glass jar

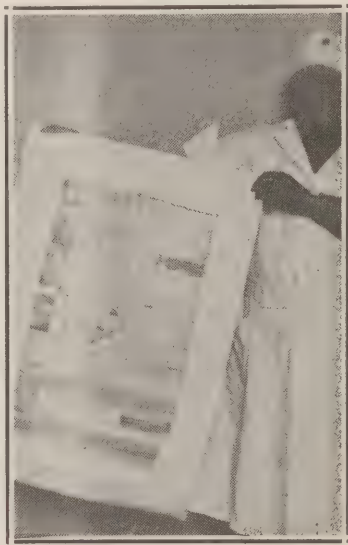
Wash tub

Slop jar or bucket

Bedpan

Sterile absorbent cotton

Soap



Paper Pads Prepared for Delivery

## For the Baby

Belly bands: Three, 5x20 inches; soft, washed, material; unhemmed; to be worn until the cord drops off  
Shirts: Four, cotton and wool or silk and wool, depending on season  
Diapers: Washed, boiled, dried in the sun  
Flannelette squares: Two or three  
Dresses: Three open down back or fasten on shoulders  
Safety pins: Large and small  
Soft clean cloths for bath rags and towels  
Soap: Mild, unscented  
Oil to cleanse baby  
Tub or large basin for bathing baby  
Separate bed or baby basket or box with pad  
Rubber sheet for baby bed  
Small sheets  
Small light blankets



Nurse Demonstrates Supplies for the Baby



## Needed at the time of Delivery

Good fire

Good light

Boiled water, hot and cold

Midwife equipment

Clean bedding, gowns, stockings and pads for mother

Supplies for receiving and dressing baby

Two large basins, dipper, wash tub, slop jar or bucket

Saucer, two quart glass jars, spoon: To be boiled with hand brush, nail stick and scissors in one basin, using the other basin as cover

Paper pads for bed; newspaper for floor and waste

Table, chair or other flat surface on which to spread clean towel or cloth. On this place eye wipes, eye drops, scissors on saucer, cord tape, sterile band and cord dressing, sterile pads, and sterile towels or cloths.

On another chair or table near by place basin for washing hands

On floor near wash basin place tub; soiled sheets may be placed in the tub and hands rinsed over it.

On chair or stool near bed place basin of lysol solution—one teaspoonful of lysol to two quarts of water.

## CHAPTER VIII

### THE DELIVERY ROOM

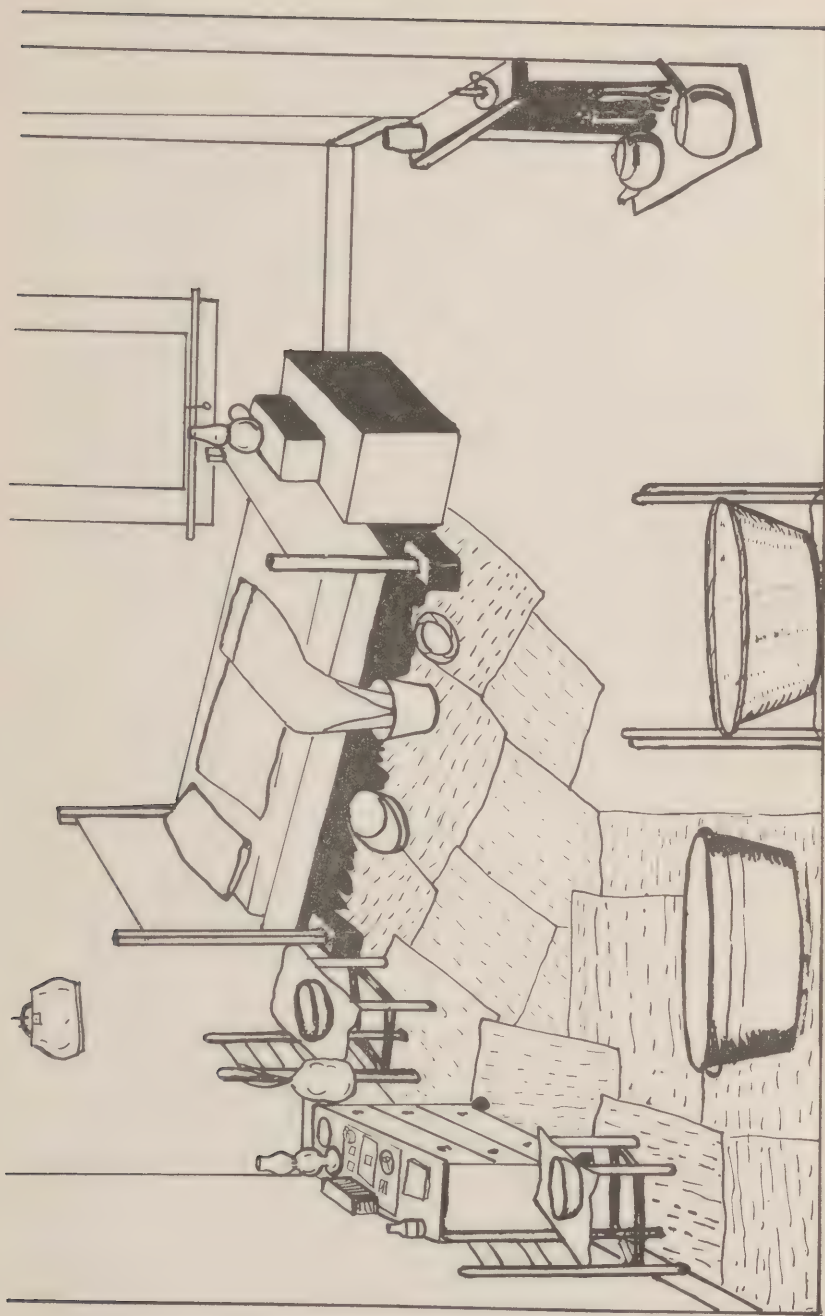
The ROOM for the patient should have all unnecessary articles removed, be thoroughly cleaned and well-lighted, and have fresh air, but not a draft.

The patient should be delivered on a CLEAN BED. If the bed is low it may be raised by placing wooden blocks under the legs of the bed. If it is not firm, boards should be placed under the mattress. The mattress should be protected with newspapers. Over this is spread the undersheet, well tucked in and pinned at the corners of the mattress.

A newspaper pad is placed on this sheet to remain under the patient's hips after delivery. A second newspaper pad is placed over the edge of this pad, well up under the shoulders and extending to the side of the bed. A third newspaper pad is then placed over the edge of this pad extending over the edge of the bed to drain into the slop jar. The two top pads are withdrawn after delivery, leaving the bed clean and protected by the bottom pad. The patient shall be covered with a clean sheet and blankets if needed, and wear a clean night gown and clean stockings.

The newspaper pads may be made by taking twelve or more thicknesses of newspapers opened full size, slipped into a freshly washed, boiled, and ironed white cloth, folded and stretched so as to hold newspaper pad.

The floor around the bed may be protected by newspapers. Newspaper pans for holding waste can be made by rolling the edges of a newspaper to form a round pan with folded newspaper laid in the bottom. These newspaper pans may be used to receive all waste, such as discarded eye wipes, pads, after-birth. The waste shall be burned or buried.



Room Set Up for Delivery



## CHAPTER IX

### PROCEDURE AT THE TIME OF DELIVERY

#### Preparation of Room

Follow instructions in Chapter VIII

#### Preparation of Mother

The midwife shall teach the mother to prepare all of her supplies early. At the first signs of labor the mother should get ready the things she will need, take a warm sponge bath, put on a clean gown, and call the midwife. When the midwife gets to the home she shall question the woman about her condition and about the preparations that have been made. She shall then scrub her hands thoroughly and, if the bag of waters has *not* broken, shall give the patient a warm soap suds enema. This enema is given to make the patient more comfortable and to give more room during delivery, but most important of all to keep the patient clean during delivery. Do *not* give the enema if the bag of waters has broken.

To prepare the enema: A quart of luke warm suds is made in a clean quart glass jar. The tip of the tube is wet with the soap suds and put about three inches into the rectum. The patient may hold the tube in place while the midwife pours in the soap suds slowly. Urge the patient to hold the fluid for a short time.

The midwife shall again scrub her hands thoroughly and disinfect them with lysol solution—one teaspoonful of lysol to two quarts of boiled water.

She shall then bathe the external parts of the mother.

To bathe the external parts: Fill the quart jar with boiled water slightly warm. While patient sits over slop jar or bedpan, pour water gently over external parts.



Midwife Dressing for Delivery

## Preparation of the Midwife

The midwife shall be clean in person, wear a clean washable dress, a cap, mask and gown at the time of delivery. She shall cover her head before she begins the preparation of the room, utensils and patient, and shall put on mask and gown when the patient goes to bed at the second stage of labor.

To prepare HANDS for delivery: The midwife shall keep her finger nails short. She shall boil brush and nail stick, and clean under the nails with a wooden nail cleaner; scrub the hands and arms up to the elbows with hand brush, synol soap and boiled water for five minutes, paying particular attention to the nails and inner surfaces of the fingers. Scrub above elbows to below wrists, at the roots of nails, knuckles of fingers and thumbs, front of fingers and palms, back of fingers and hands, and between fingers. She shall then have a helper pour boiled water which has been cooled, over her hands and arms while she holds her hands with the fingers pointing upward. She shall dry her arms with a sterile towel and shall then soak her hands, in lysol solution—one teaspoonful of lysol to two quarts of boiled water—for five minutes. After the hands are cleansed and disinfected she should not touch anything before handling the patient. If she does she should again scrub her hands and disinfect them. During the delivery the midwife shall soak her hands in the basin of lysol solution near the bed. It is necessary to do this frequently to keep hands and mother clean. Midwives should practice scrubbing hands at midwife meetings and at home, and should teach those who care for the mother and baby to have clean hands.

## Warning to Midwives

*Under no circumstances* shall the midwife pass her finger or any instrument into the birth canal of a woman for the purpose of making examination, to remove the afterbirth, or for any other reason.

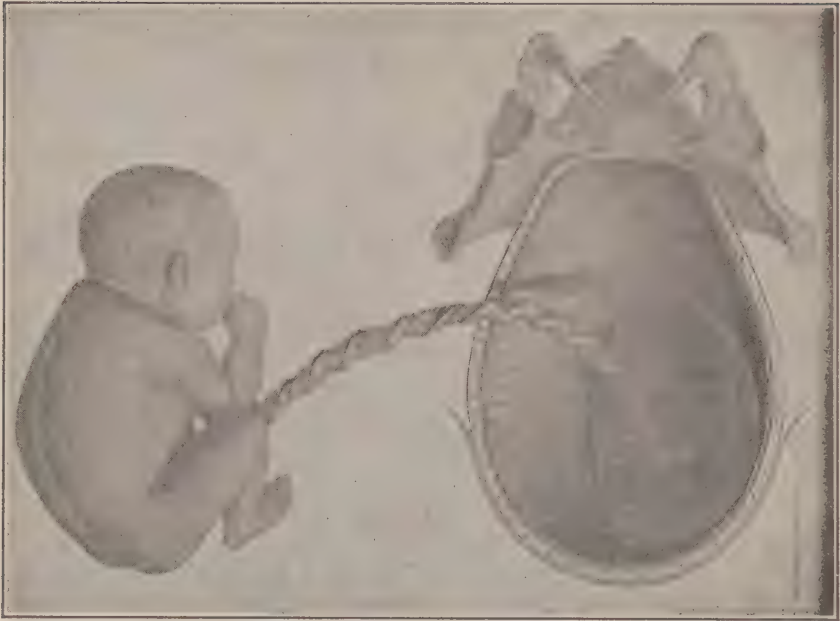
The midwife shall give no injection or washing inside the birth canal of a woman.

No woman should be allowed to stay in actual labor more than 12 hours without calling the physician.





Courtesy of Denoyer-Geppert Company, Chicago, Illinois



Courtesy of Denoyer-Geppert Company, Chicago, Illinois

## Care of the Patient During Labor and Delivery

There are three stages of labor—

1. Stage one: From a few minutes to about eighteen hours. Patient has cramp-like pains in the back and front. The time between pains gradually becomes shorter. The patient may keep on her feet and walk about during the first stage of labor, but when the pains become more frequent, regular and bearing down, she shall be put to bed and rest between pains. She should not be allowed to bear down with her pains at this time. The bag of waters may break in the first stage. After it has broken the patient shall stay in bed.

The patient should pass her water at least every four hours.

The patient should be given water, soup, fruit juice or hot drinks every hour.

2. Stage two: From a few minutes to three or four hours.

The bag of waters usually breaks, the pains become harder, more frequent and bearing down. There is a small amount of mucus and blood from the birth canal; this is called the "bloody show." The parts bulge; the head, shoulders and body of the baby are delivered.

The patient should remain in bed

When the parts begin to bulge the midwife shall bathe the external parts of the mother by pouring warm boiled water over them while she is on the bedpan.

The midwife shall instruct the patient to bear down with her pains, to rest between pains and to save her strength as much as possible.

The midwife shall not deliver the head during a pain, but shall instruct the patient to breathe deeply through her mouth or to pant like a dog. Be patient. Give nature a chance to do her part.

3. Stage three: From a few minutes to about half an hour.

The afterbirth is passed.

After three or four pains, have patient bear down to push out the afterbirth. If the afterbirth is not passed before an hour, the midwife shall grasp the womb through the belly wall; this helps to contract the womb and the afterbirth can pass. *THE MIDWIFE SHALL NOT PULL ON THE CORD.*

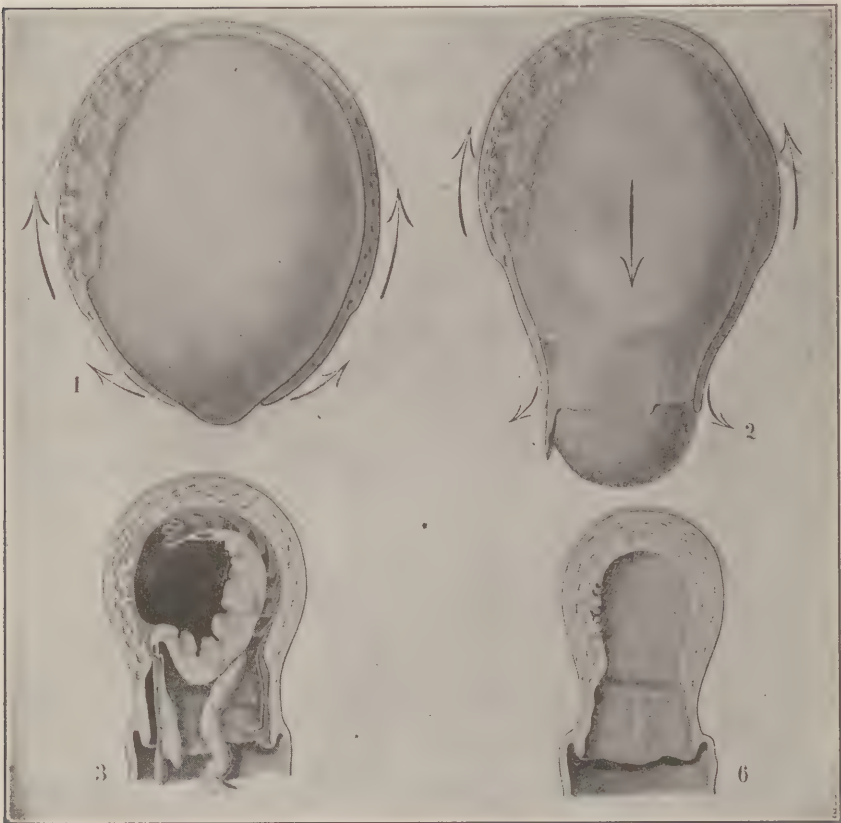
When the afterbirth has passed, the midwife shall cleanse the patient's external parts by pouring slightly warm boiled water over them; look to see if parts are torn, and if so, send for a physician at once.

The midwife shall inspect the afterbirth carefully to see that it has all been passed. If any part of the afterbirth is torn away, she shall send for a physician.

A pad shall be placed against the parts; it may be held in place with a T or abdominal binder. Soiled linen should be placed in the tub of water and soiled pads removed from the bed.

The midwife shall then allow the mother to rest, watching her while she gives the baby care. The mother should have something warm to drink.

Visitors should not be allowed to disturb the mother or handle the baby.



First Stage of Labor—Upper Left.  
Second Stage of Labor—Upper Right.

Delivery of Afterbirth—Lower Left  
24 Hours after Delivery—Lower Right





Turning of Head during Delivery  
Courtesy of Denoyer-Geppert Company, Chicago, Illinois

### What to Do in the Emergencies of Labor

If during labor any of the following conditions or abnormal signs are present the midwife shall stay with the patient and send someone for a physician at once:

- If the patient has a miscarriage
- If the patient faints or is exhausted
- If the patient has fits or convulsions
- If there is bleeding

The midwife may raise the foot of the bed 12 to 18 inches and keep the patient absolutely quiet until the physician comes.

If the mother has too free bleeding immediately after the birth of the baby, the midwife shall grasp the womb through the belly wall. This helps to contract the womb and control the bleeding. She may also raise the foot of the bed 12 to 18 inches and keep the patient absolutely quiet until the physician comes.

If the labor is difficult or prolonged—more than 12 hours without progress.

If pains stop after having been regular and active

If any other part than the top of the baby's head appears first

If the baby's feet or buttocks are born first it will be smothered in a few minutes unless the head comes out immediately. In such case the midwife shall cover the body of the baby with a clean, warm, damp towel and lift it by the feet and hold it up. This will make the delivery of the head quicker and safer. Delay will almost certainly mean the death of the baby.

If the cord slips down and appears before the baby; raise foot of bed 12 to 18 inches until physician comes.

If cord is around the baby's neck slip cord over baby's head.

If the baby has no sign of life

If the baby does not breathe immediately after birth, the midwife shall place the baby on its left side, head lower than feet, and carefully cleanse the nose and mouth so that the air passages to the lungs are clear.

If the baby shows no signs of breathing after this method is used the midwife may lay the baby on its back and use artificial respiration by bringing the baby's arms over its head with a circular motion while slowly counting five, then bringing the arms to the side of the body with a circular motion while again slowly counting five. The midwife shall repeat this until the baby breathes or for not less than one hour if the baby does not breathe.

If the afterbirth is not delivered in one hour

If afterbirth is not smooth; if pieces are torn off

If baby is premature

## CHAPTER X

### CARE OF THE BABY

When the cord stops beating the midwife shall tie it with sterile tape in two places, first two inches and then three inches from the baby's body, and cut with the blunt scissors between ties.

To tie the cord press the places to be tied between the thumb and finger, pass the tape around the cord twice and tie in square knot.

After cleansing the area around the cord, the midwife shall place the cord dressing around the cord, lay the cord up and to the side, and hold in place by a band. The midwife shall make sure there is no bleeding from the cord when she leaves the home. NO MEDICINE, POWDER, OR GREASE OF ANY KIND SHALL BE PUT ON THE CORD

#### Eyes

As soon as the midwife cuts the cord, she shall wrap the baby in a clean cloth and give care to the eyes.

After scrubbing her hands thoroughly she shall carefully cleanse the eyelids of the baby with sterile eye wipes, using a separate sterile dry wipe for each eye. She shall wipe the lid from the nose outward without opening the lids, turning the baby's head so that the discharge cannot run from one eye into the other.

She shall then separate the lids and drop two drops of one per cent nitrate of silver eyedrops *into* each eye. The *law* requiring this was passed by the Legislature in 1916.

The one per cent solution of silver nitrate which shall be used by the midwife is supplied by the county health department to the leaders of the midwife clubs to give to the midwives at the time of monthly meetings. This silver nitrate for the baby's eyes is put up in wax ampules in a box.

In order to use the nitrate of silver solution the midwife shall pierce the end of the wax ampule with a needle which she has placed in the box, hold the tube between the thumb and first finger, press lightly, and a drop of the solution will appear at

the opening. Have a helper hold a light and act as a witness. Place the baby on its side in a warm place where it can be watched while the mother is tended. The baby should have its own safe, separate, warm bed and should not have a pillow.

## Inspection

When the afterbirth has been passed and the mother made comfortable in a clean bed, the midwife shall get ready to dress the baby. She shall scrub her hands well, using soap, boiled water and hand brush. The baby must be handled with great care, and as little as possible.

The midwife shall thoroughly inspect the baby, and if there is present, *or* develops later, any of the following signs or conditions, the midwife shall consult a physician and shall report it to the public health nurse:

Premature—before time, or not properly developed baby.

Weight less than 5½ pounds.

Any deformity: Cleft palate, harelip, tumor, swelling or injury, tied tongue, or extra fingers or toes

Inflammation or discharge from the navel

Swelling or redness of the eyelids; discharge or matter from the eyes

Bleeding from the mouth, nose, navel, birth canal or bowels  
Any rash, sores or snuffles

Difficulty in nursing

Failure to pass urine 24 hours after birth or have bowel movement 48 hours after birth

If whites of eyes or lips are yellow, skin dry, urine scant and dark colored, and this continues longer than one week

## Bathing the Baby

Be sure the room is warm when the baby is bathed.

Warm mineral oil or melted vaseline should be used to cleanse the baby until the cord comes off; it may be necessary to use soap and warm water on the scalp and buttocks. After the cord comes off and the navel is healed, the baby may have tub baths using warm water and a mild soap

The belly band should be left off after the cord is healed.



## Feeding the Baby

When the baby is dressed and comfortable the midwife shall give it *plain* lukewarm boiled water to drink. She shall put the baby to breast and make sure he is able to nurse well before she leaves the home. The baby should then be put to breast eight to twelve hours after birth and about every three to four hours until he makes his own nursing habits. The baby should nurse enough to be satisfied and should be given boiled water to drink between feedings. The water should not be sweetened unless ordered by a physician.

The midwife shall teach the mother to bathe her nipples with boiled water and sterile cotton or sterile cloths before and after nursing the baby, and to dry them gently with sterile cotton. A good brassiere or breast binder should be worn to support the breasts. If the breasts become heavy and swollen enough to give pain the baby may be put to breast and the breast binder adjusted so as to support the weight. The mother should be given no liquid except water and if discomfort does not stop, a physician should be consulted.

## Early Care and Training

The midwife shall give the baby daily care for at least three days or until the mother is able to care for the baby as taught by the midwife.

The belly band should be taken off when the cord stump is healed and dry.

The baby passes urine often and usually has at least one bowel movement a day. It is normal for many babies to have several movements each day and normal for some to go longer than a day to have a movement. The midwife shall teach the mother to give the baby no medicine or treatment unless the physician orders it.



Public Health Nurse Instructing Mother about  
Baby's Care with Midwife Present

### The Premature Baby

Weak babies or babies born before time should not be cleansed or bathed at all except under the instructions of the public health nurse or a physician. They should immediately be wrapped up and put into a warm bed, and the public health nurse notified at once.

**KEEP THE BABY WARM**—Heavy blankets or clothing will cause pressure and make it difficult for the baby to breathe, and may irritate the skin. Keep the bed warm with jars of hot water, hot irons or hot bricks well wrapped so that they do not *touch* the baby or *burn* the bedding or baby.

Do not allow visitors near the baby.

Wear clean clothing and apron when caring for the baby.

Wash hands before and after caring for the baby.

## CHAPTER XI

### CARE OF THE MOTHER

The midwife shall wear clean clothing and a clean apron when she gives the patient after-care.

The midwife shall help the mother, for at least three days, to get a daily bath and care, and shall teach some member of the family how to care for the mother.

It is advisable for the mother to remain in bed for several days. If she has been torn and stitches have been used by the physician she should remain in bed until the tear is healed. If she has not been torn encourage her to lie on her stomach a while each morning and afternoon after the first day.

The *perineal pad* should be changed every four hours, and after urinating or after bowel movement warm boiled water should be poured over external genitals. The mother should always wash her hands after bowel movement, urinating or changing pads.

For the first day the mother should eat soft foods with plenty of water and milk. After the first day she should eat each day:

*Milk*: Six glasses a day. Drink it or use it in cooking, as in soups, custards, and creamed dishes. Three tablespoons of dried skimmed milk equal one glass of fresh skimmed milk.

*Vegetables*: Two servings of a leafy green or yellow vegetable such as mustard, turnip greens, collards, sweet potatoes, kale, or rutabaga each day, and two or more servings of other vegetables including a raw vegetable should be eaten each day. (cabbage, turnips, etc.)

*Fruit*: Three servings each day. Two servings should be orange, grapefruit, tomatoes, melon or other raw fruit.

*Eggs*: One or more every day

*Lean meat, fish, chicken, dried beans or peas*: Two servings each day. Liver, kidneys and heart are especially good.

*Cereals and bread*: Three or four servings each day. Some whole grain or enriched foods such as oatmeal, cracked

wheat cereals, cracked wheat bread and whole wheat bread are good.

*Butter or margarine*: A moderate amount. One to two table-spoons a day.

*Fish liver oil*: As recommended by the physician or health officer

*Fluids*: Several glasses of water every day in addition to milk, soup, tea, coffee and fruit juice.

Eat simple foods without much sugar, fat or starch. Pies, cakes, candy, macaroni, rice, grits, salt pork, fat back, salad dressing, and fried foods are not as good for the mother as the foods listed above. A woman who has had a baby needs good food. She cannot make good milk for her baby if she eats only rice, grits and soup.



Midwives Learn About Food From Public Health Nurse

The mother should have no medicine or treatment unless ordered by a physician. A woman who has had a normal delivery and who does not have stitches may have a soap suds enema the third day if needed.



Mothers should be cheerful after their babies come. The midwife shall see that her patient has sunlight and fresh air in her room, and that the family does not keep the room darkened and all the fresh air shut out.

The midwife should carefully explain to the family how important it is for the mother to do no heavy work for six to eight weeks after delivery. She may do light household duties.

When the baby is two weeks old, the midwife shall again visit the mother. If the mother has any pain or tenderness in the abdomen, severe backache, trouble with breasts, or any abnormal signs, she shall advise the mother to consult a physician.

### Precautions During the Lying-in Period

If during the lying-in period any of the following conditions is present, or develops, the midwife shall consult a physician at once:

Severe continued headache

Constipation; more than three days without bowel movement

Convulsions or fits

Parts are torn

Too free bleeding

Foul-smelling discharge or too early stopping of flow

Severe chill; fever

Swelling or redness of breasts

Cracked nipples

Mother is unable to nurse baby

The mother cannot urinate (pass water)

If the mother is unable to pass water after 12 hours and is uncomfortable, the midwife may use hot moist cloths over the region of the bladder, place her hands in warm water or pour water from one basin to another in sight and hearing of patient. If these means fail, the midwife shall call a physician.

When a midwife has been in attendance upon a woman, or in contact with any person suffering from child-bed fever, or any other illness that may be carried to another, she shall disinfect her person, her clothing, and all equipment before going to another case. If there is any disease in the home of the midwife

or the woman attended which may be carried to another, such as measles, mumps, whooping cough, scarlet fever, diphtheria, chickenpox, smallpox, or other skin rash, it shall be reported at once by the midwife to the county health officer, and the family advised to call a physician.

To disinfect her person: The midwife shall wash her hair, take a hot bath, scrubbing well with soap and water, and make an entire change of clothing.

To disinfect clothing: All wash clothing shall be washed, boiled, dried in the sun and ironed. Other clothing may be brushed and sunned for three successive days.

To disinfect the bag: Wash the outer leather or fabric bag with a rag or brush and lysol solution; sun the bag. Wash, boil, starch, dry in the sun and iron inner bag. Sterilize bag equipment as directed in Chapter IV.

After any case of such disease in the home of the midwife or her patient, the house shall be thoroughly cleaned, scrubbed and aired.

# CHAPTER XII

## REPORTING THE BIRTH

FOR LIVE BIRTH ONLY

USE SPECIAL BLANK FOR RECORDING STILL BIRTH

| DEPARTMENT OF COMMERCE<br>Bureau of<br>The Census  |   | STANDARD CERTIFICATE OF LIVE BIRTH<br>STATE OF MISSISSIPPI   |   | State File<br>Number   |
|--|---|--|---|--|
| 1. PLACE OF BIRTH<br>City or Town <u>Shelby</u><br>Hospital  |   | County <u>Bolivar</u><br>Inside or Outside Corporate Limits <u>Outside</u><br>of Street and No. <u>Rural</u><br>Precinct   |   | 2. USUAL RESIDENCE OF MOTHER<br>State <u>Mississippi</u><br>County <u>Bolivar</u><br>City or Town <u>Shelby</u><br>Precinct <u>Rural</u> |
| Mother's Stay Before Delivery—(a) In Hospital  |   | (b) In the Community   |   |  |
| 3. FULL NAME OF CHILD<br>5. Boy or Girl? <u>Boy</u>  | 6. Twin or Triplet? <u>George Brown</u> | 7. Number Months of Pregnancy <u>9</u>   | 4. DATE OF BIRTH<br>Month <u>May</u> Day <u>29</u> Year <u>1948</u> | 8. Is Mother Married? <u>yes</u>   |
| 9. Full Name <u>T. L. Brown</u><br>10. Color or Race <u>Negro</u><br>11. Age at Time of Birth <u>26</u> Yrs.<br>12. Where Born? <u>Indiana County, Miss.</u><br>13. Usual Occupation <u>farmer</u><br>14. Industry or Business   |   | 15. Full Maiden Name <u>Mary Lee Smith</u><br>16. Color or Race <u>Negro</u><br>17. Age at Time of Birth <u>24</u> Yrs.<br>18. Where Born? <u>Lincoln County, Miss.</u><br>19. Usual Occupation <u>housewife</u><br>20. Industry or Business |   |  |
| 21. CHILDREN BORN TO THIS MOTHER:<br>(a) How many other children of this mother are now living? <u>1</u><br>(b) How many other children were born alive but are now dead? <u>0</u>   |   | 22. Mother's Mailing Address for Registration Notice<br><u>Shelby Miss. Rt 2 Box 186</u>   |   |  |
| 23. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>1:15 A.M.</u> on the date <u>May 29, 1948</u> above stated, and that the information given was furnished by <u>Mary Lee Brown</u> related to this child as <u>mother</u><br>Date Received <u>June 1, 1948</u> Signature <u>Shelby Jones midwife</u> related to this<br>by Registrar <u>19</u> Address <u>Shelby, Miss., Rt 2 Box 100</u> Attendant |   |  |   |  |
| 24. Signature of Registrar   |   | 25. Signature of Mother  |   |  |

Birth Certificate (Form in use August 1948)

Rules of the State Board of Health provide that every midwife in attendance at the birth of a baby shall, not later than five days\* after the date of the birth, send a certificate of birth to the local registrar. The *law* was passed by the Legislature in 1912.

Before she leaves the mother's home the midwife shall fill out a birth certificate in her birth record notebook. This helps her to get all the spelling correct before she makes out the birth certificate to be sent to the local registrar. She may get the registrar or someone else who writes well to make out the final certificate by copying the one in the birth certificate notebook.

\*Manual of Birth and Death Registration, page 4.

### BIRTH RECORD NOTE BOOK

MIDWIFE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Beginning \_\_\_\_\_ 19\_\_\_\_

Ending \_\_\_\_\_ 19\_\_\_\_

#### TO THE MIDWIFE:

Keep this Notebook in your Bag and write information on each page for each birth you attend. This should be done at the mother's home before you leave the case.

Do not send this to the Registrar. Leave the pages in the book for your record.

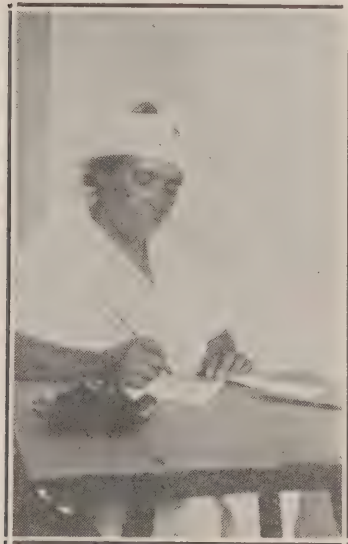
At your home use a good pen and black ink and copy the information on a regular birth certificate for the Registrar.

MISSISSIPPI STATE BOARD OF HEALTH  
Jackson, 113 Mississippi

Birth Record Notebook



Parents should be instructed to carefully save a copy of the birth certificate which may be needed when the child begins school, starts work, marries, inherits property, votes or enters military service.



Midwife Making Out Birth Certificate

## SONG OF THE MIDWIVES

(Tune: "As We Go Marching On.")

We aim to be good midwives of the state,  
We try hard to be up to date.  
To be on time to meetings, and never be late,  
As we go marching on.

Chorus:

Glory, glory, hallelujah,  
Glory, glory, hallelujah,  
Glory, glory, hallelujah,  
As we go marching on.

We tell our mothers they should breathe fresh air,  
We show them what they need to prepare,  
We teach them what the baby should wear,  
As we go marching on.

Chorus:

We tell them plenty of water to drink,  
About good food we cause them to think,  
We say, when tired, take of sleep a wink,  
As we go marching on.

Chorus:

We put on water in a great big pot,  
We know of this we must have a lot,  
We boil it all, use some cool, some hot,  
As we go marching on.

Chorus:

We put drops in the baby's eyes,  
Whether the mother laughs or cries,  
The State for us the eye drops buys,  
As we go marching on.

Chorus:

We report births and deaths of all,  
When anything is wrong, we the doctor call,  
We hope we never from grace may fall,  
As we go marching on.

Chorus:

We wear clean dress, clean cap, clean gown,  
We have clean homes, clean yards, clean town,  
We'll make OUR COUNTY OF GOOD RENOWN,  
As we go marching on.

Chorus:

OUR COUNTY midwives are the best in the state.  
They try hard to be up to date;  
Are on time to meetings, and never are late,  
As they go marching on.

Chorus:

## MIDWIFE SONG

### PROTECT THE MOTHER AND BABY\*

Why does the midwife wear a wash dress? (Hold dress)

Wear a wash dress, wear a wash dress?

Why does the midwife wear a wash dress?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife wear a clean cap? (Point to cap)

Wear a clean cap, wear a clean cap?

Why does the midwife wear a clean cap?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife wear a clean mask? (Put hands to face)

Wear a clean mask, wear a clean mask?

Why does the midwife wear a clean mask?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife wear a clean gown? (Hold out arms)

Wear a clean gown, wear a clean gown?

Why does the midwife wear a clean gown?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife clean her nails? (Clean nails)

Clean her nails, clean her nails?

Why does the midwife clean her nails?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife scrub her arms?

Scrub her arms, scrub her arms?

Why does the midwife scrub her arms?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife scrub her hands?

Scrub her hands, scrub her hands?

Why does the midwife scrub her hands?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife soak her hands? (Soak hands)

Soak her hands, soak her hands?

Why does the midwife soak her hands?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

Why does the midwife make paper pads? (Measure pad)

Make paper pads, make paper pads?

Why does the midwife make paper pads?  
TO PROTECT THE MOTHER AND BABY. (Clap hands)

\*Sung to the tune of "Mary Had a Little Lamb," with motions to fit the words.

## PRAYER WRITTEN BY NEGRO PUBLIC HEALTH NURSE FOR MIDWIVES

Our Father who art in heaven we are gathered here today to make another step forward and pray Thy help to learn how to better care for mothers and babies.

We ask Thee to teach us to do our job well, in order that each mother will have her baby, and each baby its mother, and that they be well and happy.

We thank Thee that every child, regardless of race, color, or creed, wherever he may live under the American flag can have a clean healthful place for his birth and the mother can receive good care before birth of the baby, at birth of the baby, and after the baby comes. And may it be Thy divine will that through the instructions we receive in these health measures childbearing will be safer.

We pray for every child good health from birth through life, and we pray that as we strive we will faithfully share our part of this service for better mothers and babies. All these things we pray in His name. AMEN.

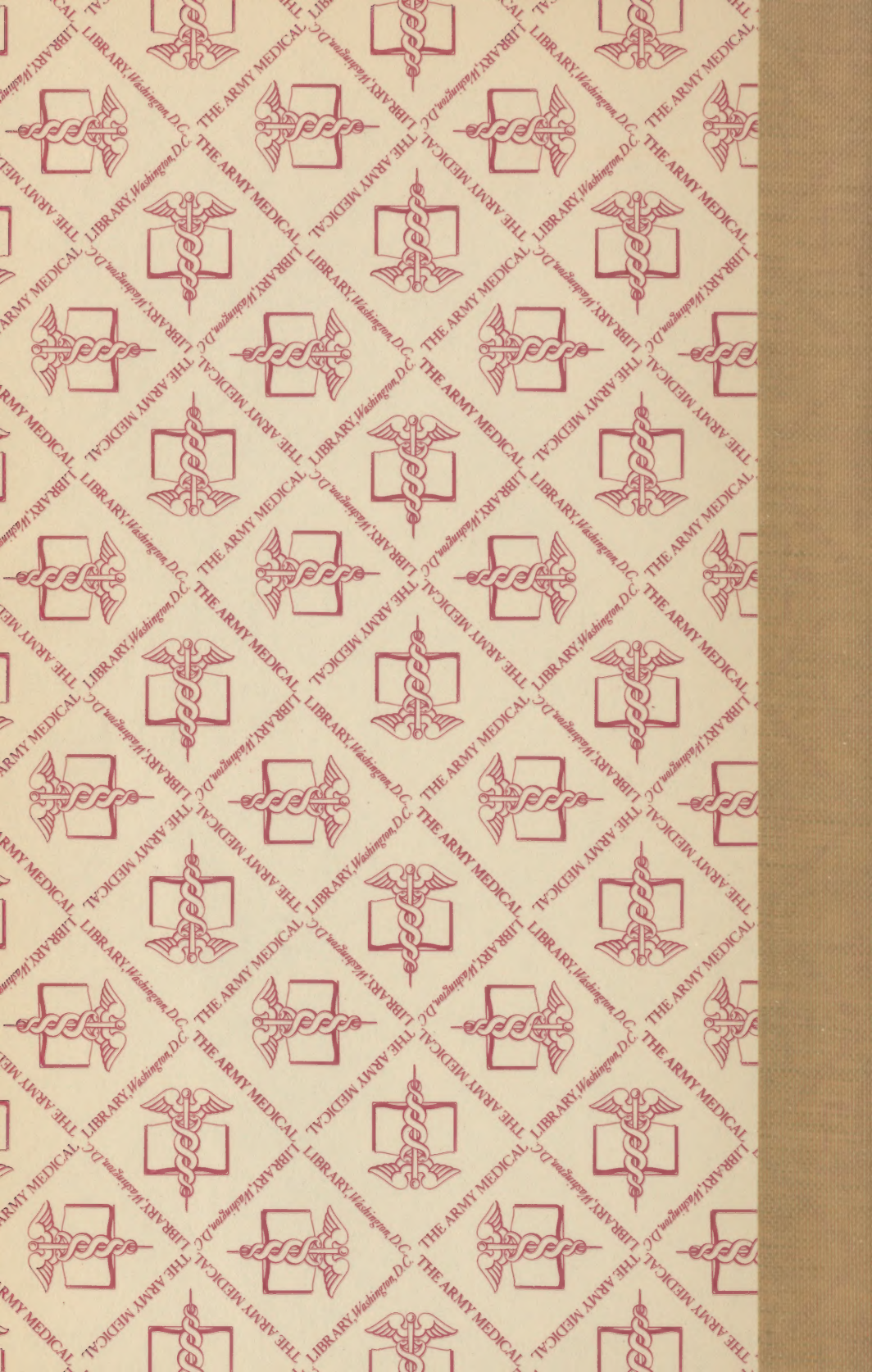
Revised—August, 1948.













PRESSBOARD  
PAMPHLET BINDER



*Manufactured by*  
GAYLORD BROS. Inc.  
Syracuse, N. Y.  
Stockton, Calif.

WQ 165 M678m 1948

47930260R



NLM 05246717 8

NATIONAL LIBRARY OF MEDICINE